

12/27/00



JC960 U.S. PTO

12-28-00

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ASSISTANT COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, DC 20231

PATENT
File No.: 0941.65074
Date: December 27, 2000

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Kamata et al.

For: GIANT MAGNETO-RESISTIVE DEVICE AND A...

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on Dec 27, 2000.

Express Label No.: EL745265157US

Signature: *[Signature]*

Enclosed are:

- (X) 24 pages of specification, including 12 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- () an unexecuted oath or declaration, with power of attorney.
- () _____ sheet(s) of informal drawing(s).
- (X) 7 sheet(s) of formal drawings(s).
- (X) Assignment(s) of the invention to FUJITSU LIMITED
- (X) Assignment Form Cover Sheet.
- (X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s) is enclosed.
- (X) Information Disclosure Statement.
- (X) Form PTO-1449 and cited references.
- () Associate power of attorney.
- (X) Priority Document

Fee Calculation For Claims As Filed

a) Basic Fee						\$ 710.00
b) Independent Claims	<u>2</u>	-	3	=	<u>0</u>	x \$ 80.00 = \$ _____
c) Total Claims	<u>12</u>	-	20	=	<u>0</u>	x \$ 18.00 = \$ _____
d) Fee for Multiple Claims						\$270.00 = \$ _____
Total Filing Fee						\$ <u>710.00</u>

() Applicant qualifies for Status as Small Entity, reducing Filing Fee by half to \$ _____

(X) A check in the amount of \$ 710.00 to cover the filing fee is enclosed.

(X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.



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300 South Wacker Drive
Suite 2500
Chicago, Illinois 60606
(312) 360-0080

GREER, BURNS & CRAIN, LTD.

By: *[Signature]*
Patrick G. Burns
Registration No. 29,367